

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhaim  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000020279 (3)**

1. Corporation Name  
**J. I. SERVICES CORPORATION**



Principal Place of Business  
**4355 DRANE FIELD RD  
LAKELAND FL 33811**

Mailing Address  
**4355 DRANE FIELD RD  
LAKELAND FL 33811**

3. Date Incorporated or Qualified <b>03/11/1994</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FFL Number <b>59-3239672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MOORE, WILLIAM B  
4355 DRANE FIELD RD  
LAKELAND FL 33811**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0412 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, WILLIAM R</b>	
STREET ADDRESS	<b>4355 DRANE FIELD RD</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, WILLIAM B</b>	
STREET ADDRESS	<b>4355 DRANE FIELD RD</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH, S. LEE</b>	
STREET ADDRESS	<b>4355 DRANE FIELD RD</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLYNE, JEFFREY A</b>	
STREET ADDRESS	<b>4355 DRANE FIELD RD</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGE, THOMAS M</b>	
STREET ADDRESS	<b>4355 DRANE FIELD RD</b>	
CITY- ST- ZIP	<b>LAKELAND FL 33811</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>CCO/D</b>
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>VID</b>
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>P/D</b>
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>S/T/D</b>
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Hodge* **THOMAS M. HODGE** 3/27/96 (941)646-1493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)